Beetham CE Primary School

MANAGING FIRST AID WORKING WITH CHILDREN AND YOUNG PEOPLE

Caring for Everyone,
Learning Together,
Achievement for All

'Love one another with genuine affection; delight in honouring each other with mutual respect.'

Romans 12:10.

This policy is based on the Christian principles, values and beliefs that underpin everything we do at Beetham Church of England Primary School.

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1 Introduction

This guide aims to support governors, head teachers, and managers in making adequate provision for first aid at work in line with the Health and Safety (first aid) Regulations, 1981 (as amended 2013) i.e., to provide adequate and appropriate equipment, facilities, and personnel to ensure employees receive immediate attention if they are injured or taken ill at work.

While the regulations do not require employers to provide first aid for anyone other than their own employees, it is strongly recommended by the Health & Safety Executive (HSE) and the Department for Education (DfE) that all educational settings consider the needs of non-employees such as pupils, students and visitors when making provision because they are owed a 'duty of care' (see section 6.9.13 of the DfE Governance Handbook). This means that the employer should express their policy or strategy for the provision of first aid and ensure that staff are provided with procedures they can follow to implement it. This could be in the health & safety policy, another suitable policy, or in a separate first aid policy that also includes the procedures.

In addition, settings with Early Years pupils must take into account the requirements of the Statutory Framework for Early Years Foundation Stage (see Section 5.6.1 below).

This does not apply to work placements as work experience students are employed by the placement provider, not by the educational setting they attend as a student.

All state-funded schools in England have, since September 2020, been required to teach Health Education. The statutory guidance (https://www.gov.uk/government/publications/relationships-educationrelationships-and-sex-education-rse-and-health-education) to which schools *must* have regard, sets out that this should include 'basic' first aid for primary school children, for example dealing with common injuries, and 'further' first aid for secondary school pupils, for example how to administer CPR and the purpose of defibrillators.

To ensure they meet their legal duties, head teachers and managers should:

- Complete a risk assessment (see Appendix A) to determine the level of first aid provision required i.e., the number of first aiders, what qualifications they need, and what first aid facilities and equipment are appropriate;
- Ensure staff are appropriately trained, certified, and recertified at 3 yearly intervals;
- Ensure that procedures in place for reporting and investigating incidents are followed (see KAHSC Safety Series General G03 – Accident/Incident Reporting and Investigation);
- Make suitable provision to ensure that first aid facilities are available when work is taking place outside normal working hours and for lettings as required or as agreed with hirers;
- Consider "cover" arrangements for first aid trained staff who may leave the premises as part of their role;
- Consider first aid requirements for special events such as fetes, entertainment productions, fundraisers, off-site visits and out-of-hours clubs for which the setting has responsibility or overall control; and
- Implement a curriculum to meet the requirements to teach 'basic' or 'further' first aid.

2 Purpose of First Aid

The aim of first aid is to reduce the effects of injury or illness suffered at work, whether caused by the work itself or not. First-aid provision must be "adequate and appropriate in the circumstances". This means that enough first-aid equipment, facilities, and personnel should be available at all times, taking account of working patterns, to:

- give immediate assistance to casualties with both common injuries or illnesses and those likely to arise from specific hazards at work;
- summon an ambulance or other professional help.

It is on this basis that facilities and arrangements for first aid should be provided and where possible, first aid treatment should only be administered by trained persons.

3 Insurance Cover for First Aiders

Any member of staff may be asked to undertake first aid tasks, but they cannot be required to do so. Teachers and other staff working with pupils and students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils and students in education in the same way that parents might be

expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

In the event of a claim alleging negligence by a member of staff, action is more likely to be taken against the employer rather than the employee. All employer liability insurance policies cover claims arising from the actions of staff acting within the scope of their employment, including those trained to administer first aid as part of their role.

4 Conducting a First Aid Needs (Risk) Assessment

Responsibility for deciding on the requirements for first aid rests with the employer who may be the Local Authority (LA), governors, trustees, a registered company's board of directors etc. They need to ensure that first aid risk or 'needs assessment' is carried out by a competent person, often a member of the senior leadership team who understand how the setting operates. They must assess the level of risk associated with the activities and circumstances of the setting and determine a level of first aid provision which is suitable.

The following factors should be considered (see Appendix A for a way to record this process):

- distance from the nearest medical centre e.g., doctor, hospital, health centre etc. where professional medical assistance is available. It is good practice to inform local emergency services in writing of the setting's location and any circumstances that may affect access with clear instructions regarding where and to whom they should report on arrival.
- type and level of risk in activities being undertaken including specific hazards or risks on site, e.g., hazardous substances, dangerous tools or machinery, or temporary hazards such as construction work;
- travelling, remote and lone workers;
- whether it is a split site and the distance between them or a multi-occupancy site on which different employers share buildings etc.;
- size in terms of the site itself and the number of staff and young people (or visitors) present;
- staffing levels at different times during and outside normal operating hours incl. special events;
- the age range of young people and any specific health needs or disabilities they or staff have which may affect the type of first-aid provision and materials
    - any accident or incident history.

Employers should review their first aid needs after any major changes such as changes to staff or premises, to ensure provision remains appropriate. The senior leadership should also ensure that staff, pupils, students, and parents and carers are aware of the first aid arrangements.

There is no requirement to keep a written record of this first aid risk or 'needs assessment', however retaining an annotated Appendix A for example can demonstrate to employees, Safety Representatives, HSE or other inspectors how the level of provision was decided on. It will also help inform future reviews.

5 The Framework of First Aid Provision and Training

While the DfE accepts in their non-statutory first aid guidance that, "there is no rule on the number of first aiders required… (the DfE) expect, in the vast majority of cases, that the first aid needs assessment would identify that at least one first aider is required to provide first aid to meet the needs of employees, pupils, students and visitors. as this will be identified as part of the first aid needs assessment and will be based on the circumstances of each individual school or college".

The significant number of very minor injuries which can occur in workplaces centred around children and young people may make it necessary for the most minor to be dealt with by untrained persons; e.g., teachers, teaching assistants, care workers, mid-day supervisors. Managers should be satisfied that persons administering such minor first aid are able to do so. There must also be a system in place to ensure that trained first aiders are informed when more skilled attention is necessary.

Where an employer provides first aiders, they should be suitably trained, hold an appropriate first aid qualification, typically First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) and remain competent to fulfil their role.

It is best practice but not compulsory to ensure that first aiders attend a suitable refresher course within the final 3 months of their current certificate validity period, but FAW trained employees are no longer prevented from

refreshing a 3-day FAW course with the shorter 2-day refresher even if their FAW qualification expired more than 28 days previously. Decisions need to be made by the employer based on the first aid need assessment.

When a first aid qualification has expired the individual can no longer be considered competent to administer first aid and should not be assigned first aid duties.

5.1 Selection of Staff for First Aid Duties

In selecting volunteers for or appointing staff to complete first aid training and carry out related duties, managers should consider the individual's:

- reliability, disposition, and communication skills;
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures;
- normal duties, as these will need to be left to respond immediately to an emergency.

If it proves difficult to find volunteers, consideration should be given to writing the task into job descriptions where appropriate. Managers are advised to seek the advice of their HR provider before amending job descriptions.

It is important that staff performing this role should have the responsibility formally recognised, in an amendment to their employment contracts, to ensure they receive fullest protection in terms of their employment rights.

The optional 4 layered framework for first aid provision as suited to educational and care settings and recommended by the HSE is summarised below.

5.2 Appointed Person

Where the first aid risk assessment identifies that a first aider is not necessary, the minimum requirement is for an employer to appoint a person to take charge of the first aid arrangements. This person is known as the Appointed Person and must be available to undertake their duties at all times when people are at work. This may require more than one person to be nominated to cover all working hours and leaves of absence.

The appointed person's role includes looking after the first aid equipment and facilities and calling the emergency services when required. They may also be called on to ensure onlookers are kept away from the scene and to obtain details from the ambulance crew regarding where the injured person will be taken. Appointed Persons do not need to attend a bespoke training course but should be formally briefed in the requirements of the role and their duties.

The Regulations do allow for such an untrained, but adequately briefed and equipped person to be appointed to provide emergency cover in the absence of first aiders, but **only where the absence is due to exceptional, unforeseen, and temporary circumstances.** Absences for training days, off-site visits, maternity/paternity leave etc. do **not** fulfil the strict definition because they are planned events. It is also arguable that sickness absence is a reasonably foreseeable event in any workplace.

5.3 Emergency First Aid at Work (EFAW)

Where the first aid risk assessment identifies that a first aider is necessary, the minimum requirement is a person nominated to provide EFAW. They should be an employee who holds a current, 1-day (6 hours face-to-face contact, not including breaks) EFAW certificate and will take control in a situation when an FAW qualified first aider is not available. The course content must include:

- an understanding of the role of a first aider including preventing cross infection; recording incidents and actions and the use of available equipment;
- situation assessment,
- cardiopulmonary resuscitation and the administration of first aid to casualties suffering unconsciousness (including seizure), choking, bleeding, shock, and minor injuries such as cuts, grazes, bruises, splinters minor burns and scalds.

This level of training requires requalification after 3 years. An EFAW requalification course should be of the same duration and content as the initial EFAW course.

5.4 First Aid at Work (FAW)

A person nominated to provide FAW should be an employee who holds a current, 3-day (18 hours face-to-face contact, not including breaks) FAW certificate. In addition to the content of the EFAW course a person trained to FAW standards must be able to:

- recognise major illnesses and provide appropriate first aid including heart attack, stroke, epilepsy, asthma, diabetes
- administer first aid to casualties with bone, muscle, joint and suspected spinal injuries, chest injuries, burns and scald, eye injuries, sudden poisoning, and anaphylactic shock.

This level of training requires requalification after 3 years. An FAW requalification course should be 2 days in duration (12 hours face-to-face contact, not including breaks) and cover the same content as the initial FAW course.

There is no longer any requirement to refresh a FAW qualification using the shorter 2-day refresher course either before the previous qualification expires or within 28 days of expiry to avoid repeating the full 3-day FAW course. If more than 28 days has passed since FAW expiry, it is for the employer to decide if the 2-day refresher is sufficient for their first aid needs.

5.5 Blended Learning

Training that is a mix of face-to-face and e-learning is known as blended learning and is an acceptable way to deliver first aid training provided it is being done during work time and the employer has done enough due diligence (reasonable investigation) into whether the method is suitable e.g., that:

- the individual being trained knows how to use the technology that delivers the training;
- the training provider has an adequate means of supporting the individual during their training;
- the training provider has a robust system in place to prevent identity fraud;
- sufficient time is allocated to classroom-based learning and assessment of the practical elements of the syllabus. HSE strongly recommends that practical elements of the course should be assessed by direct observation, to ensure the competence of candidates;
- the provider has an appropriate means of assessing the e-learning component of the training.

5.6 Additional Training

5.6.1 Paediatric First Aid (PFA)

Since 2008 the Early Years Foundation Stage (EYFS) Statutory Framework which applies to all settings that care for children aged birth to the term before their 5th birthday has required that, "at least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Annex A".

This means a 2-day (12 hours face-to-face contact, not including breaks) PFA course with content that satisfies Annex A and requalification by repeating the full 2-day course again is required every 3 years.

The 1-day (6 hours face-to-face contact, not including breaks) PFA course sometimes called an Emergency PFA (EPFA) course will therefore **not** meet the legal requirement for settings with children aged 5 or under but may be suitable for some staff to undertake to support the fully trained person or for those who work with older children and do not need the content on babies and toddlers.

Where out-of-hours clubs, activities or extended services operate and children aged 5 and under are present, a paediatric first aider must also be present.

5.6.2 Bolt-on training to suit specific needs

The de-regulation of first aid qualification gives employers more freedom to seek courses for their employees which are better suited to the needs of their individual workplaces and settings should make their particular needs clear to the trainer beforehand and check their competence to deliver accordingly e.g., adrenalin auto-injector (AAI) training, how to physically support a child to use an asthma reliever inhaler, sporting injuries etc.

In the case of secondary schools and colleges, it is not generally necessary or appropriate for staff to undertake the 2-day paediatric first aid course and there may not be sufficient resources to train some staff to EFAW standards and

some to PFA 1-day standards. Where this is the case, it is recommended that employers consider training staff to FAW or EFAW level with bolt-on sessions to cover any special risks identified e.g., first aid requirements for dealing with adolescents, sports injuries in PE, the special risks in science or design technology etc. Where this is required, settings should ensure that they discuss this option with their first aid trainer at the earliest opportunity so that the relevant additional course content can be determined.

5.7 Certification of Courses

For an individual to demonstrate they have a competence in first aid they must hold a certificate that contains all the following information:

- name of training organisation (Scottish certificates bear only the SQA logo);
- name of candidate;
- the title of qualification;
- confirmation that the certificate is valid for 3 years *with* a commencement date (an expiry date is not a requirement);
- an indication that the certificate has been issued for the purposes of complying with the requirements of the Health and Safety (First-Aid) Regulations 1981;
- a statement that teaching was delivered in accordance with currently accepted first-aid practice; and
- if the qualification is neither FAW nor EFAW or it contains additional elements, an outline of the additional topics covered (this may be on the reverse or as an appendix).

Where an alternative qualification is identified in place of FAW/EFAW in a first aid risk assessment, managers will need to seek assurance that the standard of training received and the competence of the organisation which delivered this training meet the necessary criteria. In choosing a course and a provider, employers and therefore managers, need to exercise 'due diligence' explained in Section 6 below.

5.8 Annual Skills Update

Certificates in first aid whatever the level are normally valid for 3 years after which they must be refreshed, although the HSE now recommends an annual refresher for all first aiders. They report:

"Research has shown that following training, the practical skills of first aiders can deteriorate. Therefore, the HSE strongly recommends that it is good practice for first aiders to complete annual 'refresher' courses during any three-year First Aid at Work or Emergency First Aider in the Workplace certification period. It is important that employers make sure qualified first aiders attend these courses to help maintain their basic skills and keep up-to-date with any changes to first aid procedures".

The course content suggested by the HSE for the annual refresher comprises:

- situation assessment;
- cardiopulmonary resuscitation and the administration of first aid to casualties suffering unconsciousness (including seizure), bleeding and shock.

It is therefore recommended that first aiders holding the FAW or EFAW certificate complete a 3-hours annual basic skills update.

5.9 Exemption from Holding a First Aid Qualification

Provided they can demonstrate current knowledge and skills in first aid, the training and experience of the following qualify them to administer first aid in the workplace without the need to hold a FAW or EFAW or equivalent qualification:

- doctors registered and licensed with the General Medical Council;
- nurses registered with the Nursing and Midwifery Council;
- paramedics registered with the Health and Care Professions Council.

If an employee has a current first-aid qualification other than FAW/EFAW, managers may consider whether it would be suitable in relation to the role of workplace first-aider and the first aid risk assessment.

6 Choosing a Training Course and Selecting a Provider

When making any kind of staffing, premises, equipment, or services etc. decision, all employers are under a duty to ensure 'due diligence' in the selection process.

Due diligence is a legal term meaning 'reasonable investigation' e.g. asking to see the teaching qualification of a teacher *before* employing them; looking for the CE safety mark of the machinery *before* purchasing it; checking that an AALA licensable adventure activity provider has a correct and current licence *before* allowing them to provide such activities to young people; and in the case of first aid training providers now that the HSE does not approve first aid courses or providers, making quality assurance checks *before* engaging one to provide any training.

Employers and therefore a suitable manager will need to check:

- the qualifications trainers and assessors are expected to hold;
- monitoring and quality assurance systems;
- teaching and standards of first-aid practice;
- syllabus content; and
- certification.

HSE advice on selecting a training provider is summarised below.

6.1 Bodies Involved in Providing FAW Training

Some first-aid training providers choose to operate through voluntary accreditation schemes whose intention is to set and maintain standards in line with HSE requirements. These schemes are not mandatory, and employers may decide to choose an independent training organisation, but these bodies may help employers select training organisations that offer a standard of training with appropriate content; suitable trainers and assessors; and relevant and robust quality assurance systems. The HSE is not in a position to verify the level of assurance that an employer can assume when a training organisation is a member of these voluntary accreditation schemes, with the exception of those offering 'regulated qualifications'. Regulated qualifications are nationally recognised and can be obtained from an 'approved training centre' of an 'Awarding Organisation' (AO). Being an approved training centre is merely a referral to the centre being approved by the AO to operate as an AO registered training centre because they have been assessed by the AO as fulfilling the requirements described in the Regulations.

These AOs are recognised by the qualification regulators in the UK. They have dedicated policies and quality assurance processes and must approve and monitor their training centres to ensure training meets a certain standard. In England and Northern Ireland, the regulator is Ofqual, in Scotland it is SQA and in Wales it is the Welsh Government. These regulators stipulate that AOs and their training centres must work in compliance with the Assessment Principles for Regulated First Aid Qualifications (firstaidqualifications.org.uk) and other key criteria, including the competence of trainers and assessors and the content of quality assurance systems.

Employers may obtain appropriate training from the Voluntary Aid Societies (currently only St John Ambulance, British Red Cross and St Andrew's First Aid), who together are acknowledged by HSE as one of the standard-setters for currently accepted first-aid practice as far as they relate to the topics covered in FAW and EFAW training courses. The Voluntary Aid Societies work to similar principles of assessment and employ a similar hierarchy of policies and processes to AOs.

Where an employer selects a training provider affiliated to any other voluntary accreditation scheme, they will need to carry out due diligence to be confident that the provider will deliver training with appropriate content i.e., content identified as being appropriate within the risk or needs assessment and/or as detailed in Section 5 above; use suitable trainers and assessors and has relevant and robust quality assurance systems in place. Similar quality standards are also expected of all first-aid training providers including non-affiliated or independent first-aid training organisations. All training providers should be able and prepared to demonstrate how they satisfy these criteria.

6.2 Training Provider Selection

The simplest way to secure appropriate first aid training is to choose a level of qualification which suits the needs identified in the risk assessment and to ensure it is a 'regulated qualification' to be delivered by an 'approved training centre' of one of the AOs listed on the Ofqual website *or* by one of the three Voluntary Aid Services that the HSE specifies as above. A manager who does so will have satisfied due diligence without doing any more than choosing a

provider who can demonstrate that they are an approved training centre of an AO (they have an approved centre number) and that they offer regulated qualifications in first aid (Ofqual logo). The quality of the content in regulated qualifications is assured by Ofqual, negating a manager's need to verify it. The quality of the training delivery is assured by the AO, negating a manager's need to assess whether the provider will deliver the training in accordance with the Regulations and Ofqual standards.

The HSE stress that this is *not* the only way first aid training can be sought and they do not especially recommend it, but they are equally clear that employers **must** make reasonable investigation into the suitability and quality of first aid courses and delivery.

Further to this they offer the following guidance (summarised here from the comprehensive guidance on undergoing the selection process contained in Selecting a first-aid training provider: A guide for employers GEIS3 (hse.gov.uk). The tables and checklists they provide to assist managers who opt not to use regulated qualifications delivered by AOs in fulfilling due diligence can also be found reproduced at Appendix B.

Training organisations should use training material, and teach the first-aid management of injuries and illness, as covered in FAW/EFAW training courses and in accordance with:

- current guidelines published by the Resuscitation Council (UK); **and**
- the current edition of the first-aid manual of the Voluntary Aid Societies (St John Ambulance, British Red Cross or St Andrew's First Aid); **or**
- other published guidelines, provided they are in line with the two above or supported by a responsible body of medical opinion.

While there is no set limit, a maximum class size of 1 trainer to 12 students is suggested to enable adequate time devoted to each candidate and a proper assessment to be carried out.

There is a clear duty under equality legislation to accommodate disabilities by making reasonable adjustments in training delivery. However, in the case of the assessment for a first aid qualification, it must be completed by the candidate without assistance of any kind, and this is not discriminatory practice. The Regulations clearly state that a first aider must be able to perform the role fully.

Where the first-aid risk assessment identifies, or an employer chooses to use qualifications other than FAW or EFAW to demonstrate workplace first-aid competence, it will be necessary for a suitable manager to ensure that common elements of the syllabus are taught in accordance with the same guidelines. When arranging FAW or EFAW or other equivalent training, employers should let the training organisation know of any particular hazards at their workplace so training can be tailored to meet those needs.

Table 1 - 'Checklist for evaluating the competence of first aid training organisations', (Appendix B) can help managers decide an organisation's overall competence to deliver first aid training that will comply with the Regulations.

Trainers and assessors should have knowledge and competence in first aid as demonstrated by:

- a current valid FAW certificate; **or**
- being registered and licensed as a doctor with the General Medical Council; **or**
- current registration as a nurse with the Nursing and Midwifery Council; **or**
- current registration as a paramedic with the Health and Care Professions Council; **and**
- a knowledge and competence in training and/or assessing, demonstrated by holding a training/ assessing qualification such as those listed in Table 2: 'Acceptable training/assessing qualifications' (an indicative rather than exhaustive list at Appendix B).

By way of quality assurance, a training organisation should have:

- a suitable and documented quality assurance plan designating an individual to take responsibility for quality assurance, including assessment of the skills of trainers/assessors at least annually. This 'designated person', who can be from inside or outside the organisation, should be independent of training delivery and demonstrate competence for their role to the same level as trainers/assessors as above;
- a documented course evaluation procedure that includes feedback from students;
- a documented complaints procedure;
- a mechanism for retaining a detailed record of assessments for each student and storing those records for a minimum of three years after completion of the course;

- sufficient quantity of well-maintained equipment that permits students to complete their training and assessment within the appropriate number of face-to-face contact hours;
- where training is provided in blocks, these blocks should be not less than two hours in duration and ensure the candidate has completed the course and the assessment within a reasonable time frame, i.e., for 3-day FAW – 10 weeks, 2-day requalification FAW – 6 weeks, and EFAW – 3 weeks.

The designated person described above should also have knowledge and competence in assessing and verifying qualifications, as demonstrated by:

- an assessing qualification such as those listed in Table 2; **and**
- a verifying qualification such as those listed in Table 3: 'Acceptable verifying qualifications' another indicative rather than exhaustive list at Appendix B of verifying qualifications; **or**
- working towards such a qualification with the objective of achieving it within two years, providing they have previous experience of verifying first-aid training and assessing qualifications.

Although a requirement to keep training records is not specified in the regulations, it is recommended so that employers can demonstrate they are compliant. Records should be retained for a minimum of 3 years after the assessment process has been completed and any certificates should be in accordance with *HSE Guidance on the Regulations* (Section 5.7 above).

There is also no requirement for any checks carried out when choosing a training provider to be formalised or written down, although it may be useful to retain a written record which documents the checks undertaken to confirm the competence of a training organisation to demonstrate to an employee, safety representative, HSE or LA inspector how they were selected.

In the case of Paediatric First Aid, EYFS providers can choose which organisation they wish to provide the training. (Refer to Section 5.6.1 above).

6.3 Providing In-House Training

Where an employer decides to provide this training in-house, they will need to establish that it is appropriate by ensuring that the content reflects the content of the FAW or EFAW qualifications listed in Appendices 5 and 6 of the *HSE Guidance on the Regulations* (Sections 5.3 and 5.4 above) and is delivered in accordance with currently accepted standards for first aid.

In-house individuals acting as trainers/assessors should have the necessary skills, qualifications and competence expected of those working for an external training provider. Classes must also have sufficient minimum contact time with appropriate class sizes and equipment that takes account of the needs and capabilities of those undergoing the training. Any certificates issued must also comply with *HSE Guidance on the Regulations* (Section 5.7 above).

A quality assurance system is needed to ensure that the competence of trainers/assessors is regularly reviewed by competent 'verifiers'. These systems should be reviewed on an annual basis by a competent person independent of those directly involved in the delivery/assessment of this training.

7 Recommended Scale of Provision

It is highly unlikely that any setting working with children and young people will conclude from a first aid needs risk assessment that no trained staff are required to administer first aid to employees, those who use the premises e.g., school pupils, and other visitors at all reasonable times.

Managers must ensure that foreseeable absences are considered in the scale of provision and do not result in a situation where no first aiders are available during normal operating hours. The Regulations do allow for an untrained person to be appointed (see Section 5.2 above), to provide emergency cover in the absence of any qualified first aiders, but **only** where the absence is due to exceptional, unforeseen, and temporary circumstances. This is **not** an acceptable alternative to providing a qualified first aider if the risk assessment determines that the setting needs qualified first aiders. Absences for training days, educational visits, maternity/paternity leave, work from home days etc. do not fulfil the strict definition because they are planned or expected events. It is therefore good practice to have more than one qualified first aider available. Staff illness or injury-related absence is also not unforeseeable and should be planned for.

Most settings will generally fall into the low/medium risk category, but the nature of some settings and/or the activities that go on in some settings may fall into the high-risk category. Managers should base their provision on the results of their risk assessment. Where different levels of risk can be identified, employers should consider the need to make different levels of provision, perhaps specific to each area. It is generally recommended that in high-risk areas, there should be at least one qualified first aider (FAW or EFAW). Such areas would include kitchens, machinery workshops, laboratories, sports facilities etc.

Similarly, consideration should be given to the need for first aiders to be present on site during out of hours activities, especially if an activity is particularly hazardous e.g., some sporting activities.

Staff appointed to be first aiders should always be available to perform the task during normal operating hours and must be able to leave their post immediately to attend the scene of an emergency without leaving others at risk.

Suggested numbers of first aiders are provided in the risk assessment template at p1 of Appendix A as a baseline from which managers can make reasonable decisions as they consider the issues on p2.

7.1 Additional Provision

7.1.1 Settings Which Manage Behaviour, Learning or Physical Difficulties

Settings that specialise in work with children and young people with challenging behaviour, learning difficulties and/or physical disabilities should have at least two first aiders regardless of the number of people on site. Those with complex medical needs may experience more emergency situations and those with learning difficulties or challenging behaviour may be more prone to cause and/or to suffer injury or illness outside of the home environment.

First aid provision in mainstream settings should reflect the fact that there may be a small number of individuals with behavioural, learning, or physical difficulties on site.

7.1.2 Off-site Activities

The first aid risk assessment must consider off-site activities to determine the level of provision required. Specifically consider the nature of the activity; the accessibility of a hospital; the provision of a mobile telephone or two-way radio; any particular needs or conditions of individuals; the length of time spent off-site, and the results of risk assessments carried out prior to the activity. It is recommended that all off-site activities are accompanied by at least one supervising adult who holds a current and relevant qualification in first aid. Consideration should be given to adequate provision remaining on site when activities are taking place off-site.

The legal requirement to have at least one PFA qualified person present when children aged 5 and under are engaged in activities means that if at any time a group of such children will be on site and another group will be off-site, the minimum first aid cover requirement of the setting is to provide at least 2 first aiders specifically qualified in PFA, one each to cover the two simultaneous on and off-site activities.

It may be that the risk assessment of certain off-site activities and the recommendations of any relevant sporting National Governing Bodies demand a different type of first aid training e.g., a 2-day (16 hours face-to-face contact) outdoors centred first aid qualification.

Further information and guidance is available in the KAHSC Model Off-Site Visits Procedures.

7.1.3 Early Years Foundation Stage

It became a legal requirement in September 2008 for all settings that work with children aged 5 and under to have at least one person on the premises specifically qualified in PFA when children that age are present. This must include adequate provision if some children will be on-site while other children will be off-site at the same time as described above.

All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting. Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.

7.1.4 Lone Working

Lone workers should have access to adequate first aid facilities.

The employer risk assessment may indicate that some workers should carry a personal first aid kit and be trained how to use it on themselves. Anyone working alone and especially if they are off-site, should have suitable emergency procedures and training to follow, and arrangements for them to communicate with base or contact the emergency services in case of accident or incident.

7.2 Provision for Outside Normal Working Hours

All kinds of staff carry on all sorts of tasks on the premises outside of normal working hours and managers should ensure that suitable first aid provision is made to cover these times and activities also. The level of provision will depend on the level of risk in the activity. However, as a minimum, an appointed person and a first aid box should be available. There must be access to a telephone in an emergency and the plan should take account of emergency procedures for lone workers. These arrangements should embrace youth, adult, or community activities as well as fundraising events and fetes, productions and entertainments, off-site visits and out-of-hours clubs etc.

7.3 Visitors, Contractors and Letting of Premises

It is reasonable to include visitors in first aid provision e.g., parents attending a parents' evening or performance, however, where a contractor is working on site for a period of time, it is reasonable to expect that their own employer has made arrangements for their first aid cover. This should be confirmed with the contractor at any pre-contract meeting with managers. This does not mean that it is unreasonable to expect setting staff to provide aid in an emergency if for some reason the contractor's arrangements fail.

The terms of any lettings contract should provide details of first aid provision on site, if any is available. It is not usual practice to provide first aider cover for private lettings, but access to a first aid box and telephone for emergency use is standard (though not required by legislation). Hirers must be informed what they can expect to be available for their use in an emergency. This is usually written into any letting agreement.

8 First Aid Equipment and Facilities

8.1 Automated External Defibrillators

Where an employer decides to provide a defibrillator those who may need to use it should be trained to provide them with the additional knowledge and skill necessary and to promote greater confidence in its use. This is different from being premises where a Community Public Access Defibrillators (CPAD) is placed on an external wall. If such a training need is not identified in the first aid risk assessment simply hosting a CPAD does not require a change in that decision.

8.2 The First Aid Box

A properly identified (white cross on a green background) first aid container for each work site, suitably stocked with only items which first aiders have been trained to use is the minimum level of first aid equipment required in any workplace. Depending on the outcome of the first aid risk assessment more than one box may be required.

They should be easily accessible (stored at a reasonable height, reasonably light, highly visible, and not hidden away etc.), protected from dust and damp and located near to hand washing facilities.

The wide variety of settings in terms of the nature of users and activities, the size, distribution of buildings and hazardous areas, etc. makes precise guidance in the number of first aid boxes required for any one workplace impossible. In determining the need consider:

- ensuring all staff can reach a first aid box within approximately 3 minutes of their location at all times whilst they are on the premises;
- locating boxes in or close to hazardous areas; e.g., laboratories, sports facilities, workshops, and food preparation areas and
- providing employed cleaning and kitchen staff with their own boxes.

Only authorised and qualified first aiders should use first aid materials **unless** there is an emergency, and one is not available.

8.3 Contents of First Aid Boxes and Travel Kits

First aid materials should be replenished in first aid boxes, travel, and personal packs as soon as possible after use to ensure there is always an adequate supply. It is essential that equipment is checked frequently to ensure that there are sufficient quantities, and all items are usable. Items should not be used after the expiry date shown on the package unless it is reasonably foreseeable that more harm will result by not using it when a better alternative is not available. Suitable arrangements should be in place to safely dispose of expired products.

There is no mandatory list of items to be included in a first-aid container but British Standard *BS 8599-1:2019: 'Workplace first aid kits: Specification for the contents of workplace first aid kits'* and *BS 8599-2:2014 'First aid kits: Specification for the contents of motor vehicle first aid kits'*, provide helpful guidance on what might be considered reasonable in different work circumstances (see appendix F). The decision on what to provide should be influenced by the findings of the first aid risk assessment.

Soap, water, and disposable drying materials should be provided for first aid purposes. Damp or water-soaked cotton wool may be used but must NEVER be used dry or to cover a wound. Where soap and water are not available, individually wrapped moist (alcohol-free) cleansing wipes may be used. These are particularly useful for off-site visits. **The use of antiseptic creams or lotions is not necessary for first aid treatment of wounds and may cause an allergic reaction in some people.**

8.4 Additional First Aid Supplies

The first aid needs risk assessment should have identified additional materials and equipment required based on general expectations and any special needs identified. Some equipment necessary in special education or care settings can be unusual and complex. Identified items **can** be stored in the first aid box if there is room.

8.5 Travelling First Aid Kits

The Road Traffic Act (1986) makes it mandatory for a suitable first aid kit to be carried on board Passenger Carrying Vehicles (PCV i.e., minibuses) and Public Service Vehicles (PSV i.e., coaches and buses).

There is no mandatory list of items to be included in first aid kits for workers who travel, or which might satisfy the duty of care to pupils on a school trip. The contents of travelling first aid kits should be appropriate for the circumstances in which they are to be used. *BS 8599-2:2014 'First aid kits: Specification for the contents of motor vehicle first aid kits'*, provides helpful guidance on what might be considered reasonable in different work circumstances (see appendix F). The decision on what to provide should be influenced by the findings of the first aid needs risk assessment and any specific trip-related risk assessment.

The First Aid Regulations do not require, but do imply, that a suitable first aid kit should also be provided in all work vehicles driven by employees in the course of their duties because they are, by definition, workplaces. This includes motorcycles, quad bikes, cars, vans, and service vehicles, and will include vehicles the employer owns, hires, leases, or borrows, as well as the private vehicles of travelling, remote, and lone workers **if** the first aid needs risk assessment determines they are necessary.

When employees drive vehicles abroad for work purposes there may be specific laws which require drivers to carry first aid kits and obligate witnesses to an accident to provide aid, regardless of whether they caused the accident. The employer should find out about driving laws in all the countries their employees are expected to drive in and will need to ensure they understand the requirements, supply the equipment, and provide suitable information to the driver on using and replenishing it.

Medicines must not be stored in first aid containers. Out on excursions and when it is not appropriate for a child or young person to carry their own emergency medicine, should be the only time when medicines may be carried in a travel first aid container and even then, **only for the duration of the outing.**

Suitable arrangements for re-stocking travel first aid kits should be in place.

8.6 Playground Packs/Bum Bags

Mini and easily portable first aid kits were first introduced in playgrounds to reduce the impact that dealing with the most minor first aid tasks were having on supervision while staff took children indoors to administer it. The hands-free

bum-bag kits allowed appropriately instructed supervisors who volunteer to carry out the task, to easily clean a superficial graze without leaving the area they were supervising. Packs often contain only:

- disposable vinyl gloves,
- a pack of tissues,
- alcohol free sterile wipes and
- a polythene bag for waste disposal.

These packs are only ever in addition to the first aid box and if the injury cannot be treated with the contents of the pack a first aider should be summoned immediately.

A travel kit carried by a qualified first aider on duty would include plasters and any appropriate dressings that would be useful while the full first aid kit is fetched. If both types of mini kits are in use, they must not be confused to ensure that a first aider is always called to an injury when cleaning it, giving reassurance, and wiping away any tears is not enough to deal with it.

8.7 Supplementary Equipment

Equipment in the table below does not form part of the statutory first aid box but may be required by trained first aiders or those assisting.

Blankets:	Stored alongside first aid equipment in such a way as to keep them free from dust, damp, or other contamination (e.g., in vacuum storage bags).
Waste Disposal:	Enough disposable plastic bags for soiled/used dressings (single-bagged for disposal in a yellow clinical waste bin or double-bagged for the general waste).
Disinfectant:	Domestic bleach diluted in accordance with the product label to clean hard surfaces contaminated by blood or body fluids and suitable gloves.

8.8 Myths and Rumour

With regard to specific first-aid items which should or should not be used, the following advice is strongly recommended:

Item	Advice
Cotton wool	Can be an effective general wound cleaner when used damp. **Never use dry** - fibres can become trapped in the wound promoting infection.
Adhesive Dressings plasters, sutures, wound dressings	Can cause an allergic reaction. Routinely ask children if they are allergic and if they use plasters at home because even the youngest should know. If in doubt, use an allergen-free plaster or a bandage or dressing. .
Antiseptic Creams	Never use antiseptic creams or lotions as they may cause an allergic reaction. Use soap and water or sterile alcohol-free wet wipes to clean a wound if soap and water are not available e.g., on an off-site visit.
Sterile alcohol-free cleansing wipes	Use to clean minor wounds when there is no access to soap and running water and to clean skin so a plaster will adhere better.
Tweezers	Have disposable plastic tweezers available in kits for removing grit and dirt from minor wounds, splinters, or ticks from skin etc.
Aspirin	Never give aspirin to children under 16 unless it is specifically prescribed to them by a doctor. It has been linked with a rare but dangerous illness called Reye's syndrome. Administering prescribed medicines to children is not part of first aid and staff who do so must be specifically trained in any workplace policy and procedures (e.g., for Supporting Pupils at school with Medical Conditions). and be acting on the written instructions of a parent or carer. Emergency pain relief for the under 16s should be restricted to paracetamol or ibuprofen-based products.

8.9 First Aid Rooms

Any workplace will require a first aid room if the first aid risk assessment determines a need.

The School Premises Regulations 2012, which came into force on 31 October 2012, and Part 5 of the revised Education (Independent School Standards) (England) Regulations 2010, which came into force on 1 January 2013 require that all schools have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation.

If this room is used for other purposes as well as for medical accommodation, the Governors etc. must consider whether dual use is satisfactory or has unreasonable implications for its main purpose. It is important consider whether:

- the activities normally carried on there can be stopped immediately in an emergency,
- furnishings and equipment can be easily moved so as not to interfere with the giving of first aid,
- the storage arrangements for first aid furnishings and equipment allow for them to be put into immediate use.

If staff accommodation is also used as medical accommodation, consider whether the disruption caused to staff, and the likely or actual frequency of that disruption to their welfare facilities, can be justified.

Managers should assess the need for a first aid room. It is not always possible to dedicate a specific area for the administration of first aid. Where this is the case, consideration should be given to choosing which quiet area is the most suitable to use for this purpose. The hygiene implications of the use of certain areas should be considered.

If a first aid or medical room is designated:

- a first aider should be responsible for the room and its contents;
- the room should be:
- readily available at all times and its use should not conflict with other activities taking place in the room,
- as near as possible to a point of access for transport to hospital considering the building layout and location in case a stretcher is used;
- signposted as necessary and clearly identified as a first aid room using the white lettering or symbol on a green background with details of first aiders and how to contact them displayed;
- large enough to hold an examination/medical couch with enough space for people to work around it;
- effectively ventilated, heated, well-lit and maintained with easy to clean surfaces and an impervious floor;
- cleaned each working day with effective arrangements in place for the disposal of waste.
- the facilities and equipment provided should be suitable to the needs identified in the first aid risk assessment, including special or additional needs as applicable and may include:
- a sink with hot and cold running water,
- drinking water and disposable cups,
- soap and paper towels,
- a first aid materials store,
- foot operated refuse containers lined with disposable yellow clinical waste bags or other container suitable for the safe disposal of clinical waste,
- an examination/medical couch with waterproof protection and clean pillows and blankets (a paper couch roll changed between patients may be appropriate),
- a chair
- a telephone or other communication equipment,
- a record book for first aid incidents and response.
- where separate rooms are used for first aid purposes, they should always have some means of summoning help or assistance immediately.

9 Hygiene Procedures

A significant number of serious viruses and bacterial infections can be contracted via the skin through open wounds. First aiders must ensure that when dealing with blood or other body fluids they wear disposable gloves. In the absence of gloves, the first aider must ensure that any wounds or open cuts/lesions they may have are covered with a waterproof plaster.

The training all first aiders who attain a regulated qualification receive includes the principles of infection and cross contamination prevention. Such training and strict adherence to best practice hygiene procedures should adequately minimise the health risks to staff carrying out such duties. See Appendix C for more information on first aid measures and general infection control precautions, KAHSC Medical Safety Series: M01 – Infection Control in Schools and Other Childcare Settings and M06 - Protection against Blood Borne Infections/Viruses (BBIVs) and the Public Health England guidance Health Protection in Schools and Other Childcare Settings.

First aiders and staff working with very young children, in special schools or in designated alternative provision units may wish to consider additional protection against the Hepatitis B virus. Requests must be directed to an appropriate manager who may arrange a vaccine or approve reimbursement of the costs for employees who arrange it themselves (on provision a receipt).

When there are significant risks from an airborne infection such as during a pandemic, there may be additional protective hygiene precautions that a first aider needs to take when being in close contact with someone they are providing first aid treatment to. This might include protective clothing like a gown, a medical grade water-resistant face mask, and a face visor to prevent infection spread from body fluids getting onto clothing or into the eyes, nose, or mouth through coughing, spitting, vomiting etc. When additional precautions need to be taken, all first aiders should be informed and provided with access to suitable resources and training in how to use them safely.

10 Recording and Reporting

A record should be kept of any first-aid treatment given by first-aiders and appointed persons. This should include:

- date, time, and place of the incident;
- the name (and perhaps class or group) of the injured or ill person;
- details of the injury/illness and what first-aid was given;
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class/out to play, went to hospital);
- name and signature of the first-aider or person dealing with the incident.

This record is not the same as the statutory accident record nor the recommended children and young people's accident record but could be incorporated into the latter.

Employers should inform parents or carers of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment given.

Registered providers should notify Ofsted or the childminder agency with which they are registered of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. Notification should be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Employers should notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and should act on any advice from those agencies.

Further guidance on procedures for recording, reporting, and dealing with accidents and incidents can be found in the Safety Series General G03 – Accident/Incident Reporting and Investigation.

11 Administration of Medicines to Children and Young People

The administration of medicines to any person in a workplace is not part of first aid at work, although some first aiders may volunteer to be specially trained e.g., in the administration of AAIs for anaphylaxis. Any member of school staff may be asked to provide support to pupils with administering of medicines, but they cannot be required to do so.

Further information and guidance on the administration of medicines to schoolchildren should be contained in the school or college Policy and Procedures on Supporting Pupils at School with Medical Conditions because the DfE statutory guidance *'Supporting Pupils at School with Medical Conditions'* applies.

Education and childcare providers who do not provide statutory education and therefore are not governed by the statutory guidance for schools, must have due regard for the current EYFS Statutory Framework which states:

- 3.45: The provider must promote the good health, including the oral health, of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.
- 3.46: Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).
- 3.47: Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

  The **only** general exception to this clear separation between administering first aid and administering medicines is the administration of aspirin to a first aid casualty suffering a suspected heart attack. Medicines other than aspirin should not be kept in the first aid box unless specific circumstances apply on excursions off-site as described in Section 7.1.4.

12 Developing and Communicating the First Aid System

An efficient and well-known system to deal with injuries and ill-health is of paramount importance. Consideration should be given to:

- the appointment of first aiders by an appropriate manager and the keeping of up-to-date records;
- simple procedures to contact first aiders in an emergency;
- how all persons will be made aware of who the first aiders are and how they can be contacted (see Appendix D for a sample first aid notice for display in any work area);
- how new employees, temporary employees, volunteers, and others such as pupils and other visitors will be informed of emergency arrangements and procedures i.e., through signs, as part of an induction package or specifically if temporary or new arrangements are put in place;
- how people will know which first aider is available on a particular day if this changes;
- recording and communicating details of how to contact the emergency services, hospitals or GP including specific issues i.e., dialling 9 to get an outside line before dialling 999;
- the siting of first aid boxes and equipment and how people will know where to find them;
- detailing a procedure for the treatment of minor injuries;
- detailing procedures and arrangements required for visitors;
- how first aiders integrate into the established system for reporting accidents to KAHSC or the LA. These arrangements should be recorded in the health and safety policy;
- first aid procedures as they apply to other policies or procedures e.g., off-site visits, fire etc.

13 Mental health

Educational settings are being encouraged by the DfE to identify a senior mental health lead who will have strategic oversight of the whole nursery, school, or college approach to mental health and wellbeing and help make the best use of existing resources and efforts to help improve the wellbeing and mental health of pupils, students, and staff.

To help schools identify whether a child or young person's behaviour may be related to an underlying mental health problem, and how to support them in these circumstances the DfE has published Mental health and behaviour in schools guidance.

Following a first aid needs assessment, a setting might decide that it will be beneficial to have personnel trained to identify and understand symptoms and be able to support pupils, students and staff who might be experiencing a mental health issue. Education staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one, but only appropriately trained professionals should attempt to make a diagnosis of a mental health condition.

Consideration should be given to ways to manage mental ill health in the workplace. This could include providing information or training for managers and employees, employing occupational health professionals, appointing mental health trained first aiders and implementing support programmes.

First aid training courses covering mental health can teach staff how to recognise warning signs of mental ill health and help them to develop the skills and confidence to approach and support someone, while keeping themselves safe.

There is a wide range of training providers offering mental health awareness or first aid training and details of available training that best meets the needs of your organisation can be found by conducting a simple internet search.

HSE also provides further information on mental health conditions, work and the workplace. The Education Support charity provides free 24 hours a day telephone counselling to all serving and retired education staff in need on mental health support.

Education staff are not mental health professionals. Where pupils and students experience more serious mental health problems, educational settings should expect them and their families to be able to access support from sources which include professionals working in specialist Children and Young People's Mental Health Services (CYPMHS), voluntary organisations and local GP practices.

14 Injuries to Children and Young People

14.1 Identifying illness/injuries in young people

Young children may not give a full description of symptoms so additional care is necessary so that injuries or illnesses are not overlooked. If any doubt or concern exists consult other first aiders, key staff, and senior management. If doubt still exists, contact the parent/carer, and ask them to collect the child. If the child remains in the setting, they should be kept under observation for the rest of the day and all relevant supervising staff and a parent/carer informed.

14.2 Sports and head injuries

When a child has sustained an injury (that does not seem obviously very minor like a graze), a first aider should assess the seriousness of the situation and decide on treatment or further action such as whether an ambulance is necessary (if not already summoned), whether parents should be contacted to collect their child so that they can seek medical treatment, or whether staff need to take the child to the nearest urgent care or minor injuries unit.

This can all take time while a child or young person is in pain and distress.

The NHS recommends ongoing PRICE therapy for minor injuries like those commonly sustained during sports activities (or sometimes children's play) such as sprains and strains as follows:

- **Protection** – protect the affected area from further injury – for example, by using a support.
- **Rest** – avoid exercise and reduce daily physical activity. Use crutches or a walking stick if weight bearing on the ankle or knee is difficult. A sling may help with shoulder injuries.
- **Ice** – apply an ice pack to the affected area for 15-20 minutes every two to three hours. A soft gel pack or bag of frozen peas, or similar, will work well. Wrap the ice pack in a towel so that it doesn't directly touch the skin and cause an ice burn.
- **Compression** – use elastic compression bandages during the day to limit swelling.
- **Elevation** – keep the injured body part raised above the level of the heart whenever possible. This may also help reduce swelling.

Ice packs are not part of any first aid kit that meets the requirements of the voluntary but recommended British Standards on appropriate kit contents for employers (see Appendix F).

If an employer's first aid needs risk assessment identifies that staff, children, or other visitors are likely to sustain the type of injuries that might benefit from the ice element of PRICE therapy e.g., potentially soothing distress, relieving pain, and reducing swelling, the employer could reasonably decide that the benefits of providing ice packs outweigh the costs in time to implement and tell/train staff to use, money to buy, and effort to manage safely and hygienically.

When ice packs are put into general use, the employer should conduct a risk assessment to minimise and manage the associated risks. Consideration should be given to:

- purchasing non-toxic gel packs that stay soft once frozen and can be disposed of in the general waste if damaged,
- what will be used as the "fabric" that most manufacturers recommend their boiled/microwaved hot or frozen cold packs be wrapped in to prevent direct contact with and damage of the skin, and how the fabric will be taken home or

cleaned or disposed of i.e., the NHS recommends towelling material so, how first aiders should decide if the injured person's own clothing or layers of it is enough skin protection or if towels are managed as part of any first aid provision that uses heat/cold packs ,

- adding packs to the first aid equipment monitoring schedule to ensure they are checked regularly for cleanliness or damage,
- having a clear sanitising procedure that is followed after each use which prevents contamination of the storage place and does not damage the plastic exterior, especially if the pack has been in contact with any body fluids.

Any head injury can be potentially serious. A head injury to a child or young person, however minor it might appear, must be assessed by a first aider, and treated in accordance with current first aid guidance and advice available from Head injury and concussion - NHS (www.nhs.uk).

Recent evidence and research suggests that concussion, particularly as a result of a sporting incident, may result in significant and long-lasting brain injury if not prevented, and when it happens, if not treated correctly. There is no single UK leadership on the issue of concussion in sports. For more information about managing a head injury sustained during sporting activities refer to Scottish sports concussion guidance (sportscotland.org.uk) especially the 9-minute educational video.

If the injured person has fully recovered but there has been evidence of impaired consciousness, they **must** be seen by a medical practitioner.

If the injury is assessed as minor and does not require referral to a medical practitioner, then the injured person must be kept under observation for the next 24 hours for signs of deterioration and the parent/carer informed of the nature of the injury. A written notification with this advice must be sent home with the child and a model "bump note" is provided at Appendix D.

It can be normal after a minor head injury that did not need any treatment for the person to experience symptoms such as a slight headache, or feeling sick or dazed, for up to 2 weeks, so the first aider who dealt with the head injury incident should ensure that they trigger the process to inform relevant other staff that a pupil should not play contact sports or engage in rough play for at least **3 weeks** afterwards.

15 Dental Emergencies

Dental emergencies are likely to fall into two categories:

- The child who arrives at the setting with dental pain or sepsis, or who develops either in the time they are there;
- Injuries to the teeth and mouth.

Where a child arrives with dental pain or sepsis, managers should firstly endeavour to contact the parent/carer to establish whether they have taken, or will be taking, appropriate action. Any NHS Emergency Dentist Service will always try to help a child in an emergency, but it should be noted that such treatment is not normally possible unless parental consent has been obtained.

In cases of dental accident, such as teeth being fractured or knocked out, managers should again endeavour to contact the parent/carer to ascertain whether there is a family dentist the child can attend as an emergency patient. If there are other significant facial injuries as well as tooth damage, the child should go to hospital. If it is not possible to contact parents, or if managers need advice on how best to proceed, they should call the NHS 111 service or take the injured person to the nearest A&E department.

In cases where teeth are fractured, every effort should be made to find missing teeth or parts of teeth. On no account should anyone attempt to put back in a child's mouth a tooth or part of a tooth. These should be stored immediately in fresh milk or water and taken quickly to a dentist for professional advice.

16 Transporting Injured Children and Young People

16.1 Use of an Ambulance

An ambulance should normally be called in the event of a serious injury or illness however, where there is doubt as to the seriousness managers should not hesitate to call an ambulance. Serious injuries include suspected bone fractures and joint injuries; severe wounds with bleeding, shock, or gross contamination i.e., dirt etc.; burns and scalds, except

for very small areas; head and eye injuries. The distinction between these groups cannot be clearly defined and the injuries mentioned are only given as a guide. The trained staff dealing with them and their managers must, therefore decide on appropriate action to be taken in each case.

It is recommended that when the injured person is a child or young person, a member of staff accompany them to hospital. This could be a suitably competent and experienced member of support staff but in cases where emergency treatment of a child or young person is required and the parents cannot be contacted (or on a school visit, have not given their earlier consent), then the decision on authorising treatment remains with a senior professional member of staff e.g., a teacher. Care should be taken to identify those children and young people whose religion or customs may conflict with emergency medical treatment before any need arises.

16.2 Use of a Taxi

If a taxi is used, a member of staff must accompany the ill or injured young person to care for them during the journey. The cost should be payable from petty cash. Use of a taxi will normally require only one member of staff. A taxi could also be used in circumstances where the injured person needs to be taken home, but where parents/carers are unable to make adequate transport arrangements themselves. Again, a member of staff must accompany the child.

16.3 Use of Staff Vehicles

Members of staff may use their own private vehicle to take a young person home, to a doctor or hospital, provided they are authorised to do so, and their insurance cover entitles the driver to use the vehicle to carry minors for business purposes. A mileage allowance may be payable. Use of a car in this way will normally require a second member of staff who can care for the injured or ill child during the journey.

17 Handing Over Responsibility for the Injured

It is a manager's responsibility to ensure that the parent/carer of an injured child or young person is contacted to make arrangements for any necessary treatment.

If the parent/carer cannot be reached, it is a manager's responsibility to make appropriate arrangements and to contact the parent/carer at the earliest possible time. Until that has been done, they are responsible for the young person. It should not be left to the hospital, doctor, or police to notify the parents, although they may wish to do so.

The responsibility for deciding whether medical treatment, such as an operation is required rests with the medical professionals treating a child. However, if it has not been possible to contact the parent or carer, school staff should present any written consent for the child to receive necessary emergency medical treatment obtained from parents.

Where a child or their family is known to hold beliefs or follow customs which limit the kind of medical treatment, they can receive e.g., Jehovah's Witness, settings are obliged to do no more than ensure medical staff are aware of this. Whether a child receives such treatment is a decision that, in the absence of anyone with parental rights and responsibilities, rests with the medical professional and the child, dependent on the medical professionals' assessment of the child's competence to make such a decision.

In circumstances where staff can deliver a young person to his or her parent/carer, but that the parent/carer is not able to seek the appropriate treatment, staff must satisfy themselves before leaving, that suitable arrangements can be made for adequate treatment.

18 References and Useful Links

All reference material detailed below, and sources of further guidance quoted within the guidance above are current at the time of publication. KAHSC cannot be held responsible for the removal or movement of guidance hosted by websites that it does not control.

- *HSE: L74 - First Aid at Work: The Health and Safety (First-Aid) Regulations 1981 Guidance*
- *HSE: GIS 3 - Selecting a First Aid Training Provider: A Guide for Employers*
- *HSE website pages on First Aid which include downloadable guidance, posters, leaflets etc. and hard copies for purchase*
- *Public Health England: Health protection in schools and other childcare facilities*
- *DfE: First aid in schools, early years and further education*

- *DfE: Supporting Pupils at School with Medical Conditions*
- *DfE: EYFS Statutory Framework, September 2021*
- *DfE: Governance Handbook: For academies, multi-academy trusts and maintained schools*
- *NHS Professionals: Standard infection control precautions: national hand hygiene and personal protective equipment policy*

First Aid Risk Assessment: Form

Name of site:	**Beetham CE Primary School**	**Department (where appropriate):**		
Tick the box corresponding to the overall category of risk you consider the site/workplace to be (see next section for further information).		✓ Lower risk ☐	Medium risk ☐	Higher risk ☐
If the site is not considered to be 'higher risk' overall, list opposite any parts/areas of the workplace, particular activities or special hazards that are considered higher risk e.g., physical education, workshops, science, extreme sports etc.				
During what times is the area open to employees and non-employees?		Open to employees: Open when access required.	Open to non-employees: 8 - 5pm	
State the maximum likely number of persons on site at any one time. Include non-employees (pupils, service users, visitors, etc.):			80	
State the number of each type of first aid personnel available at the site/workplace:		Appointed persons: 2	Emergency First Aiders: 2	First Aiders: 12
State the suggested number of first aid personnel that should be available at the site/workplace in accordance with the table below:		Appointed persons: 1	Emergency First Aiders:1	First Aiders:1
State the number of additional personnel to be trained to achieve the suggested appropriate number (see table below). Consider cover for hazardous areas, normal operating hours, planned absences e.g., maternity/annual etc. leave, CPD events, trips.		Appointed persons:0	Emergency First Aiders:0	First Aiders:0
State the name of the person responsible for ensuring that refresher training is carried out before it expires:			Abi Johnson and Becky Rodgers	

Suggested minimum number of first aiders - To be considered alongside the first aid risk or needs assessment which may identify greater needs

Category of Risk	Number employed/ public at location	Suggested number of first aiders
Lower risk (e.g., offices, shops, libraries)	Fewer than 50 50 – 100 More than 100	At least one appointed person At least one emergency first aider At least one first aider for every 100 employed/members of public
Medium risk (e.g., schools, residential settings)	Fewer than 20 20-100 More than 100	At least one appointed person At least one emergency first aider OR first aider for every 50 employed/members of public At least one first aider for every 100 employed/members of public
Higher risk and special hazards (e.g., light engineering, warehousing, construction, extensive work with dangerous machinery or sharp instruments)	Fewer than 5 5-100 More than 100	At least one appointed person At least one emergency first aider for every 50 employed/members of public At least one first aider for every 50 employed/members of public
Young children aged 5 and under	At least one trained paediatric first aider at all times when children aged 5 and under are present on and off-site	

First Aid Risk Assessment: Considerations

Workplace issues to consider and guidance in providing first aid are contained on this page. If additional first aid needs are identified, you should record this information in the box overleaf.

Questions to Consider	Best Practice to Consider
Are there high-risk activities such as use of chemicals or dangerous machinery?	• Provide first aiders, even if the numbers that occupy the premises requires appointed persons only. • Additional training for first aiders to cover any special procedures they may need to carry out e.g., epi-pens. • Additional first aid facilities or equipment according to need e.g., first aid room, eyewash station, emergency shower, blunt ended stainless-steel scissors where clothing may need to be cut away etc. • Locate equipment in sufficient different places, appropriately close to hazardous areas and hand washing facilities. • Any special arrangements necessary with the emergency services e.g., access, hazards.
Are there different areas where different levels of risk can be identified e.g., laboratory, kitchen etc.? Do records, such as incident/accident reports indicate that injury or ill health is more likely in certain locations or that the types of injury sustained require a certain response? Mid-day supervisors may require 'bum bags' or similar with basic limited supplies which allow treatment to be provided outdoors in preference to reducing the supervision ratio by treating indoors.	• Provide first aiders in those locations, even if the numbers that occupy the premises requires appointed persons only. • Locate appropriate equipment close to those areas as well as other central locations like reception etc. • Decide whether ice packs are necessary to treat the distress, pain, and swelling associated with the minor injuries the NHS recommends PRICE therapy for. • Adequate provision for lunch times and breaks as well as encouraging such supervisors to undergo relevant first-aid training.
Are there young or inexperienced workers on site, or employees with disabilities or special health problems who are at greater risk? Do children and young people who use the premises have, learning or physical difficulties?	• Additional training for first aiders. • Additional first aid equipment. • Local siting of first aid equipment. • Special cover arrangements for any work experience, trainee, or apprenticeship placements.
Are the premises spread out on split sites or is it a multi-occupancy building?	• Equipment and personnel may need to be located in each building and/or floor depending on circumstances. • Agree with contractors (e.g., catering, cleaning, maintenance providers) on joint first-aid provision for their employees.
Do staffing levels change significantly e.g., out-of-hours clubs or extended services? Is cover sufficient for fundraising events, open evenings, entertainments etc.?	Ensure the number of first aid personnel is adequate at all times the building is operational, including holiday cover.
Do staff work on sites occupied by other employers?	Ensure arrangements with other site occupiers make adequate first aid provision and are agreed in writing.
Do staff work alone?	Ensure all staff know where the first aid supplies are.
Are there sufficient first aiders to cover off-site visits?	Depending on the nature of the visit and the location more than one first aider may be required.
Is there sufficient provision to cover absences of first aid personnel?	Determine what cover is needed for planned absences e.g., annual leave, off-site visits; unplanned and exceptional absences e.g., illness and extended sessions.

HSE Guidance Tables for Selecting a Training Provider

Table 1 - Checklist for evaluating the competence of first-aid training organisations

CHECK	YES	NO	NOTES
Trainers/assessors			
Do the trainers/assessors have a current FAW certificate or qualify for an exemption?			
Do the trainers/assessors have an appropriate training/assessing qualification?			
Quality assurance			
Is there a documented quality assurance plan designating an individual to take responsibility for quality assurance, including assessment of the performance of trainers/assessors at least annually?			
Does the designated person have a current FAW certificate or qualify for an exemption?			
Does the designated person have an assessing/verifying qualification?			
Is there a documented course evaluation procedure?			
Is there a documented complaints procedure?			
Teaching currently accepted first-aid practice			
Is FAW/EFAW taught in accordance with current guidelines on adult basic life support published by the Resuscitation Council (UK), and for other aspects of first aid, in accordance with current guidelines published by the Voluntary Aid Societies or other published guidelines that are supported by a responsible body of medical opinion?			
Training syllabus			
Does the course content adequately meet the needs of your workplace as indicated by your first aid needs assessment?			
For **FAW**, does the syllabus include the topics listed in Appendix 1 and does the course include at least 18 training and assessment contact hours, over three days?			
For **FAW requalification**, does the syllabus include the topics listed in Appendix 1 and does the course last at least 12 training and assessment contact hours, over two days?			
For **EFAW**, does the syllabus include the topics listed in Appendix 2 and does the course last at least six training and assessment contact hours, over one day?			
For **EFAW requalification**, does the syllabus include the topics listed in Appendix 2 and does the course last at least six training and assessment contact hours, over one day?			
Certificates			
Do the certificates issued to students assessed as competent contain the name of the training organisation, the title of the qualification (e.g., FAW or EFAW), reference to the Health and Safety (First-Aid) Regulations 1981, the date of issue and confirmation the certificate is valid for three years? (If training is neither FAW nor EFAW the certificate should also list the learning outcomes of the syllabus on which candidates have been assessed.)			

Table 2 - Acceptable training/assessing qualifications

This list is indicative rather than exhaustive and is to be used as a guideline only.

Qualification	Train	Assess
A1 (D32/33) – Assess candidates using a range of methods	-	✓
A2 (D32) – Assess candidates' performance through observation	-	✓
Cert Ed, PGCE, B Ed, M Ed	✓	✓
CTLLS/DTLLS	✓	✓
English National Board 998	✓	✓
First Aid at Work Trainer/Assessor qualification* (see base of table)	✓	✓
Further and Adult Education Teacher's Certificate	✓	✓
IHCD Instructional Methods	✓	✓
IHCD Instructor Certificate	✓	✓
Learning and Development Unit 9D – Assess workplace competence using direct and indirect methods	-	✓
Learning and Development Unit 9D1 – Assess workplace competence using direct and indirect methods	-	✓
Nursing mentorship qualifications	✓	✓
PTLLS	✓	-
PTLLS with unit 'Principles and Practice of Assessment'	✓	✓
QCF Qualifications based on the Learning and Development NOS for assessors	-	✓
S/NVQ level 3 in training and development	✓	✓
S/NVQ level 4 in training and development	✓	✓
TQFE (Teaching Qualification for Further Education)	✓	✓
Training Group A22, B22, C21, C23, C24	✓	-
Level 3 Award in Education & Training	✓	✓
Level 4 Certificate in Education & Training	✓	✓
Level5 Diploma in Education & Training	✓	✓

* From 1 October 2015 this qualification will no longer be considered valid for the purposes of demonstrating competence to train or assess first aid.

Table 3 Acceptable verifying qualifications

This list is indicative rather than exhaustive and is to be used as a guideline only.

Qualification
D34 – Internally verify the assessment process
D35 – Externally verify the assessment process
V1 – Conduct internal quality assurance of the assessment process
V2 – Conduct external quality assurance of the assessment process
Level 4 Award in the internal quality assurance of assessment processes and practice
Level 4 Award in the external quality assurance of assessment processes and practice
Level 4 Certificate in leading the internal quality assurance of assessment processes and practice

Infection Control and Waste Disposal

General Precautions

The following hygiene precautions are recommended as safe practice for all staff. They are common sense precautions that will protect against blood borne viruses and infections that may be transmitted via blood or bodily fluids. For more information refer to KAHSC Medical Safety Series: M01 – Infection Control in Schools and Other Childcare Settings and M06 - Protection against Blood Borne Infections/Viruses (BBIVs) and the Public Health England guidance Health protection in schools and other childcare facilities.

- Always keep cuts or broken skin covered with waterproof dressings.
- Wear disposable vinyl gloves when contact with blood or bodily fluids is likely.
- Avoid direct skin contact with blood or bodily fluids.
- If blood is splashed onto the skin, it should be washed off immediately with soap and water.
- Splashes of blood into the eyes or mouth should be washed immediately with plenty of water.
- If a sharps injury is sustained or blood is splashed into the eyes or mouth, or on to broken skin e.g., eczema, medical advice should be sought promptly.
- Always wash and dry hands after removing gloves.
- Always wash and dry hands before and after giving first aid.
- Educate employees as well as children and young people of the need to avoid contact with other people's blood and bodily fluids and to wash and dry their hands before meals and after using the toilet.

Dealing with Spills of Body Fluids

All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately.

Staff present during an incident involving a body fluid spill should:

- Cordon off the affected area to keep people away.
- Cover the spill with an absorber e.g., paper roll, hand towels, absorber from a spill kit etc. to prevent germs becoming airborne before it can be cleaned properly.
- Trigger the cleaning procedure immediately i.e., clean it up or arrange for it to be cleaned by someone else as soon as possible.

Staff cleaning up a body fluid spill must:

- Wear the correct Personal Protective Equipment (PPE) such as an apron and gloves (and possibly eye protection and water-resistant medical face covering if there is concern about aerosol contamination or splashing to the eyes and mouth) during cleaning activities when dealing with spillages and don it properly.
- Clean up the spillage i.e., remove the absorber, double bag the waste, and place it in general waste bin outside where possible.
- Clean the area carefully with warm soapy water, using either disposable cloths or wipes.
- Clean the wider affected area, ensuring this includes places like the underside and legs of desks/tables/chairs etc. and lastly where aerosols are the concern, all the frequently touch objects like door handles and light switches.
- Disinfect surfaces and soft furnishing where possible where necessary by wiping or laundering them with a product that claims to kill bacteria and viruses.
- Clean contaminated cleaning equipment afterwards in accordance with the manufacturer's instructions e.g., wash and dry buckets, wash reusable mop heads separately from other laundry items.
- Remove or doff PPE carefully and dispose of it appropriately.
- Wash and dry hands thoroughly.

Spill kits containing biocidal chemicals are likely to be very harmful if ingested and should be kept secure from unauthorised access but not be locked away from easy access.

A kit should always comprise:

- Coloured plastic bucket clearly labelled “Spill Kit”;
- Kitchen roll or similar paper to place on the spillage or absorbent granules;
- At least 2 or more plastic bags (without vent holes);
- Apron and gloves (and a medical face mask and eye protection or information about getting a face mask and eye protection if concerned about splashing and airborne transmission of infection);

Carpets and upholstery

Where a spillage has occurred on carpets or upholstery that cannot be laundered, it should be treated as outlined above e.g., remove solids, absorb liquids, and apply a suitable cleaning solution considering first whether the fabric is chlorine resistant and will not be damaged significantly.

The spillage should then be cleaned using a vacuum carpet and upholstery or steam cleaner.

Equipment used to clean the spill of body fluids should then be cleaned in accordance with the manufacturer’s instructions.

Disposal of Waste

Waste matter involving bodily fluids falls under the definition of ‘clinical waste’ and its disposal is regulated. The small quantities produced through ordinary setting activities should mean that no special clinical waste collection is required if waste is disposed of carefully in the general waste as follows:

- All flushable waste such as faeces, vomit, small quantities of tissue (not paper towels) etc. can be disposed of in appropriate amounts down the foul water system via a toilet taking care not to block it.
- Used paper towels and other solid waste materials together with gloves and aprons etc., can be placed in a plastic waste bag or sack (without vent holes in it), top tied and placed in another bag and tied again i.e., double bagged, before being placed in the outside general waste collection bin.

When using bespoke absorbing materials such as those contained in hazard disposal packs, the manufacturer’s instructions for storage, use and disposal must be adhered to.

Settings that generate large or regular amounts of clinical waste will need to have a contractual disposal arrangement in place with a suitably licensed clinical waste contractor.

FIRST AIDERS ARE:

_____

_____

_____

_____

_____

PAEDIATRIC FIRST AIDERS ARE:

_____

_____

_____

_____

_____

THE ACCIDENT BOOK IS KEPT BY/DISPLAYED IN:

_____

WHERE ALL ACCIDENTS MUST BE REPORTED

SIGNED: _____

Example Head Bump Note

School Name:			
Name of Child:			
Date:		**Time:**	
Brief Details of incident:			

Today your child sustained a 'bump' to his/her head. A school first aider assessed your child and full details have been recorded in the school pupil accident book. Although no problems were detected at the time, you should observe your child for the next 24 hours for any of the following symptoms:

- blurred vision;
- confusion;
- clumsy, staggering or dizziness;
- slurred speech;
- drowsiness;
- unresponsiveness;
- nausea/vomiting;
- bleeding from ears or nose;
- severe headache.

or, if you have any doubts about his/her wellbeing, you should seek professional medical advice as soon as possible. Thank you.

Head Teacher/Class Teacher:	

✂ ---

Example Head Bump Note

School Name:			
Name of Child:			
Date:		**Time:**	
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- unresponsiveness;
- nausea/vomiting;
- bleeding from ears or nose;
- severe headache.

or, if you have any doubts about his/her wellbeing, you should seek professional medical advice as soon as possible. Thank you.

Head Teacher/Class Teacher:	

British Standard BS 8599-1:2019: 'Workplace first aid kits: Specification for the contents of workplace first aid kits'

BS 8599-1:2019 Workplace First Aid Kit - Small:	**BS 8599-1:2019 Workplace First Aid Kit - Medium:**
Guidance Leaflet x 1 and Contents Label x 1 Medium Sterile Dressing x 2 Large Sterile Dressing x 2 Triangular Dressing x 2 Eye Dressing x 2 Assorted Adhesive Dressings (plasters) x 40 Sterile Cleansing Wipes x 20 Microporous Tape 2.5cm x 10m x 1 Nitrile Gloves (Pairs) x 6 Finger Dressing x 2 Face Shield x 1 Foil Blanket x 1 Burn Dressing 10cm x 10cm x 1 Clothing Shears x 1 Conforming Bandage 7.5cm x 4m x 1	Guidance Leaflet x 1 and Contents Label x 1 Medium Sterile Dressing x 4 Large Sterile Dressing x 3 Triangular Dressing x 3 Eye Dressing x 3 Assorted Adhesive Dressings (plasters) x 60 Sterile Cleansing Wipes x 30 Microporous Tape 2.5cm x 10m x 2 Nitrile Gloves (Pairs) x 9 Finger Dressing x 3 Face Shield x 1 Foil Blanket x 2 Burn Dressing 10cm x 10cm x 2 Clothing Shears x 1 Conforming Bandage 7.5cm x 4m x 2
BS 8599-1:2019 Workplace First Aid Kit- Large:	**BS 8599-1:2019 Travel and Motoring First Aid Kit:**
Guidance Leaflet x 1 and Contents Label x 1 Medium Sterile Dressing x 6 Large Sterile Dressing x 4 Triangular Dressing x 4 Eye Dressing x 4 Assorted Adhesive Dressings (plasters) x 100 Sterile Cleansing Wipes x 40 Microporous Tape 2.5cm x 10m x 3 Nitrile Gloves (Pairs) x 12 Finger Dressing x 4 Face Shield x 2 Foil Blanket x 3 Burn Dressing 10cm x 10cm x 2 Clothing Shears x 1 Conforming Bandage 7.5cm x 4m x 2	Guidance Leaflet x 1 and Contents Label x 1 Medium Sterile Dressing x 1 Triangular Dressing x 1 Assorted Adhesive Dressings (plasters) x 10 Sterile Cleansing Wipes x 10 Nitrile Gloves (Pair) x 2 Face Shield x 1 Foil Blanket x 1 Burn Dressing 10cm x 10cm x 2 Clothing Shears x 1 Low Adherent Wound Pad 7cm x 6cm x 1
BS 8599-1:2019 Personal Issue First Aid Kit:	**BS 8599-1:2019 Critical Injury First Aid Kit:**
Guidance Leaflet x 1 and Contents Label x 1 Large Trauma Dressing x 1 Triangular Dressing x 1 Assorted Adhesive Dressings (plasters) x 10 Moist Cleansing Wipes x 4 Nitrile Gloves (Pair) x 2 Face Shield x 1 Clothing Shears x 1 Foil Blanket x 1	Guidance Leaflet x 1 and Contents Label x 1 Nitrile Gloves (Pair) x 2 Clothing Shears x 1 Large Trauma Dressing x 2 Haemostatic Wound Dressing x 2 Tourniquet x 1 Foil Blanket x 1

British Standard BS 8599-2:2014: 'First aid kits: Specification for the contents of motor vehicle first aid kits'

BS 8599-1:2019 Workplace First Aid Kit – Small (For mopeds, motorcycles, motor tricycles, and quadricycles. Maximum 3 passengers):	**BS 8599-1:2019 Workplace First Aid Kit – Medium (For cars, taxis, vans, and trucks. Maximum 8 passengers):**
Guidance Leaflet x 1 and Contents Label x 1 Medium Trauma Dressing x 1 Assorted Adhesive Dressings (plasters) x 5 Sterile Cleansing Wipes x 5 Nitrile Gloves (Pairs) x 1 Face Shield x 1 Burn Dressing 10cm x 10cm x 1 Clothing Shears x 1	Guidance Leaflet x 1 and Contents Label x 1 Medium Trauma Dressing x 1 Triangular Dressing x 1 Assorted Adhesive Dressings (plasters) x 10 Low Adherent Wound Pad x 1 Sterile Cleansing Wipes x 10 Nitrile Gloves (Pairs) x 2 Face Shield x 1 Foil Blanket x 1 Burn Dressing 10cm x 10cm x 2 Clothing Shears x 1
BS 8599-1:2019 Workplace First Aid Kit- Large (For minibuses, buses, and coaches. Maximum 16 passengers):	**BS 8599-1:2019 Workplace First Aid Kit- Large (For buses, and coaches carrying more than16 passengers):**
Guidance Leaflet x 1 and Contents Label x 1 Medium Trauma Dressing x 2 Large Trauma Dressing x 2 Triangular Dressing x 2 Assorted Adhesive Dressings (plasters) x 20 Low Adherent Wound Pad x 2 Sterile Cleansing Wipes x 20 Nitrile Gloves (Pairs) x 5 Face Shield x 2 Foil Blanket x 3 Burn Dressing 10cm x 10cm x 4 Clothing Shears x 1	Multiple large kits as described for minibuses in line with the number of passengers being carried.